
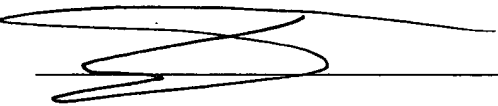


PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)		Docket Number (Optional) 1789-02202
	In re Application of Andrew R. Barron et al.	
	Application Number 09/670,230	Filed September 28, 2000
	For Chemical Control Over Ceramic Porosity Using Carboxylate...	
	Group Art Unit 1731	Examiner C. Fiorilla
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a response in the above identified application.</p> <p>The requested extension and appropriate non-small-entity fee are as follows (check time period desired):</p> <div style="margin-left: 20px;"> <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) \$ <input checked="" type="checkbox"/> Two months (37 CFR 1.17(a)(2)) <u>\$420.00</u> <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) \$ <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) \$ <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) \$ <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27. Therefore the fee amount shown above is reduced by one-half, and the resulting fee is: \$210.00 <input type="checkbox"/> A check in the amount of the fee is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account. <input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 03-2769. I have enclosed a duplicate copy of this sheet. I am the <input type="checkbox"/> applicant/inventor <input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71 Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96). <input checked="" type="checkbox"/> attorney or agent of record. Registration Number 47,146 <input type="checkbox"/> attorney or agent under 37 CFR 1.34(a). Registration number if acting under 37 CFR 1.34(a). _____ WARNING: Information on this form may be come public. Credit card information should not be included On this form. Provide credit card information and authorization on PTO-2038. <div style="display: flex; justify-content: space-between;"> <div style="width: 40%;"> August 12, 2004 Date </div> <div style="width: 50%; text-align: center;">  _____ Tod T. Turney Typed or Printed Name </div> </div> <p><i>NOTE:</i> Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</p> <div style="border: 1px solid black; padding: 5px;"> <input type="checkbox"/> Total of _____ forms are submitted. </div> </div>		

This collection of information is required by 37 CFR 1.36(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P. O. Box 1450, Alexandria, VA 22313-1450. DO NOT SENT FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P. O. Box 1450, Alexandria, VA 22313-1450. If you need assistance in completing the form, call 1-800-PTO-9199 (1-800-786-9199) and select option 2.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL**For FY 2004**

AUG 16 2004

Effective 10/01/2003. Patent fees are subject to annual revision.

☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** \$ 210.00**Complete if Known**

Application Number	09/670,230
Filing Date	September 28, 2000
First Named Inventor	Andrew R. Barron
Examiner Name	Christopher Fiorilla
Art Unit	1731
Attorney Docket No.	1789-02202

METHOD OF PAYMENT (Check all that apply)
☐ Check ☐ Credit Card ☐ Money Order ☐ Other ☐ None

☒ Deposit Account:
 Deposit Account Number: 03-2769
 Deposit Account Name: Conley Rose, P.C.
The Director is authorized to: (check all that apply)
☒ Charge fee(s) indicated below
☒ Charge any additional fee(s) during the pendency of this application
☐ Charge fee(s) indicated below, **except for the filing fee** to the above-identified deposit account
☒ Credit any overpayments
FEE CALCULATION**1. BASIC FILING FEE**

Large Entity		Small Entity		Fee Description	Fee Paid
Fee	Code (\$)	Fee	Code (\$)		
1001	770	2001	385	Utility filing Fee	\$
1002	340	2002	170	Design filing fee	\$
1003	530	2003	265	Plant filing fee	\$
1004	770	2004	385	Reissue filing fee	\$
1005	160	2005	80	Provisional filing fee	\$

SUBTOTAL (1) \$**2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE**

		Extra Claims		Fee from below		Fee Paid	
Total Claims	*	20**	= * x		18.00	=	\$
Independent Claims	*	3**	= * x		86.00	=	\$
Multiple Dependent					290.00	=	\$ 00.00

Large Entity		Small Entity		Fee Description
Fee	Code (\$)	Fee	Code (\$)	
1202	18	2202	9	Claims in excess of 20
1201	86	2201	43	Independent Claims in excess of 3
1203	290	2203	145	Multiple dependent claim, if not paid
1204	86	2204	43	** Reissue independent claims over original patent
1205	18	2205	9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$

** or number previously paid, if greater; For Reissues, see above

SUBMITTED BY**Complete (if applicable)**

Name (Print/Type)	Tod T. Tumey	Registration No. (Attorney/Agent)	47,146	Telephone	(713) 238-8000
Signature				Date	August 12, 2004

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.